



ASSESSMENT OF ESSENTIAL NEWBORN CARE SERVICE IN SECONDARY AND PRIMARY LEVEL HEALTH FACILITIES IN MANDLA DISTRICT (M.P.)

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INTRODUCTION

Globally, out of a total of 133 million live births, 3.7 million infants succumb during the neonatal period, while an additional 3 million are stillborn [1]. A staggering 98% of these deaths occur in the developing world, where 90% of all births take place. Among these fatalities, 76%, equivalent to 3 million, transpire during the early neonatal period. The risk of neonatal deaths in developing countries surpasses that in developed nations by over 7 times. Notably, a significant proportion of neonatal deaths transpire in Asian countries, with India contributing to more than a quarter of the global neonatal mortality [2]. Presently, India's neonatal mortality rate (NMR) stands at 31 per 1,000 live births. It is imperative for health systems to be equipped with essential supplies, including heating sources, resuscitation bags and masks, and mucus devices [3]. Equally crucial is ensuring that staff members possess the competence to deliver essential newborn care, maximizing the benefits of evidence-based and cost-effective interventions to address the burden of neonatal morbidity and mortality in India. The primary causes of deaths within this period are infections, birth asphyxia, and prematurity/low birth weight (LBW) (4).

RESEARCH QUESTION

What was the present status of Essential Newborn Care (ENBC) services and the understanding of healthcare providers regarding ENBC services in Mandla district, Madhya Pradesh?

RESEARCH OBJECTIVES

1. To evaluate the current status of ENBC services in Mandla district, Madhya Pradesh.
2. To examine the available facilities concerning essential infrastructure, human resources, and equipment required for delivering ENBC services.

3. To assess the knowledge of service providers, including doctors, ANMs, and SNs, regarding essential newborn care at the designated facilities in Mandla district.

RESEARCH METHODOLOGY

A semi-structured questionnaire was employed for data collection through face-to-face interviews in this survey. The study utilized a questionnaire-based approach, focusing on the ANM/SN personnel at the delivery points as the study population. Participants were briefed about the study's nature, and instructions on completing the questionnaire were provided. A sample of ANM/SN was selected, and data related to their knowledge and facility assessment was thoroughly cross-checked for any incompleteness or partial entries. Subsequently, the collected data underwent editing, coding, tabulation, and organization into various frequency distributions using SPSS Version 19.

RESULTS & DISCUSSION

Many normal deliveries, including those at District Hospitals (DH), were managed by nursing staff. Doctors predominantly handle cesarean cases, often overlooking normal delivery cases. At the levels of Community Health Centers (CHCs), Primary Health Centers (PHCs), and Sub-Health Centers (SHCs), Medical Officers (MOs) either remain unassigned or, if assigned, lack training in Basic Emergency Obstetric Care (BEMoC) services and are not involved in any deliveries. Less than half of the staff nurses/ANMs at Delivery Points (DPs) have received training as Skilled Birth Attendants (SBAs), and the numbers for training in NSSK/FBNC/IMNCI are insufficient. It is crucial that all personnel engaged in delivery care possess the necessary competencies to provide essential newborn care.

The current study highlights a significant gap in the competencies of healthcare providers, particularly in neonatal resuscitation and essential newborn care. The knowledge scores for breastfeeding and Vitamin K1 administration are deemed satisfactory, while scores for hypothermia prevention and infection prevention are moderately satisfactory. However, the knowledge related to resuscitation is notably

deficient among health providers, with only 16 respondents demonstrating correct steps, primarily from District Hospitals (DH). Similarly, in the case of Kangaroo Mother Care (KMC), only half of the respondents were able to execute the correct technique.

CONCLUSION

The study emphasizes the necessity for implementing skill-based capacity-building programs specifically tailored for health personnel stationed at facilities where childbirth takes place and immediate care is administered to neonates. The availability of equipment, and more importantly, ensuring their functionality in these facilities, was crucial for applying acquired skills in resuscitation. Practicing the components of essential newborn care and neonatal resuscitation can prevent two-thirds of neonatal deaths and stillbirths. It was vital that healthcare providers are equipped and competent to apply these skills, thereby expediting progress toward child survival. To enhance existing conditions, it was recommended to address shortages in infrastructure, equipment, and essential medicines, provide skill-based training, and conduct periodic assessments.

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